

Virginia Department of Education
Division of Special Education and Student Services
Office of Dispute Resolution and Administrative Services
PO Box 2120
Richmond, VA 23218-2120

Implementation Plan

Complete and mail this form to the Coordinator of Due Process Services at the address above within 45 calendar days of the case disposition. All five sections of this form must be completed. Any required documentation such as mediation agreements, settlement agreements, and IEPs will be treated as confidential and subject to FERPA and FOIA protections. This form is available electronically at <http://www.pen.k12.va.us/VDOE/dueproc/>.

» Section 1: Party Information

Instructions: Provide the following information for the parties involved in the due process hearing.

School division:
Division superintendent:
Name of child:
Name of parent(s):

» Section 2: Resolution Information

Instructions: Provide the following information about the outcome of the due process hearing. Check the applicable box below for the case disposition. If none apply, explain on a separate sheet.

- | | |
|---|---|
| <input type="checkbox"/> Dismissal: mediation agreement | <input type="checkbox"/> Decision in favor of LEA |
| <input type="checkbox"/> Dismissal: settlement agreement | <input type="checkbox"/> Decision in favor of parents |
| <input type="checkbox"/> Dismissal: withdrawal of hearing request | <input type="checkbox"/> Split decision |

Name of hearing officer:
Date of decision or dismissal order:

» Section 3: Supporting Documentation

Instructions: Attach the following supporting documentation for the implementation of the decision or agreement and its effect on special education services (in accordance with 8 VAC 20-80-76.1.16 of the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*):

1. A short statement describing how and when the decision or agreement will be implemented.
2. The settlement or mediation agreement.
3. The revised IEP if the decision or agreement affects the child's educational program.

» Section 4: Case Manager Information

Instructions: Provide the following information about the person charged with implementing the plan.

Name of case manager:
Position of case manager:

» Section 5: Required Signature

Division Superintendent's signature: _____	Date: _____
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cc: Parent(s) of child
Attorney or advocate for parent(s)
Case manager
Hearing officer